

AUTHORITY: Section 31a, Act 94 of the
Public Acts of 1979, as amended.COMPLETION: REQUIRED. (Failure to
file will result in loss of funding.)**2002-03 SECTION 31a PROGRAM REPORT**● **MAILING INSTRUCTION:** Return this report to the above State address by **JULY 15, 2003.**

ENTER NAME OF SCHOOL DISTRICT OR PUBLIC SCHOOL ACADEMY		DISTRICT CODE
ENTER NAME OF SECTION 31a CONTACT PERSON	PHONE NO. (AREA CODE/EXTENSION)	FACSIMILE NUMBER
TITLE OF CONTACT PERSON	EMAIL	
MAILING ADDRESS OF CONTACT PERSON		

PART I. CERTIFICATION

I, the undersigned, hereby certify that the information in Parts II and III of this report is true and correct.

Signature of Superintendent or Chief Executive _____

Typed Name of Superintendent or Chief Executive _____ Date _____

PART II. REPORT ON USAGE OF SECTION 31a FUNDS

Indicate the usage of Section 31a funds in 2002-03 by completing Part II and Part III. Include:

- each program or service provided
- the grade span for which the program/service was provided
- number of at-risk pupils served by the program/service
- amount of Section 31a funds used for the program/service

When reporting programs or services, include all of the following in the cost of the program:

- supplies
- salaries
- equipment
- benefits

---DISTRICT COMPILED REPORT---Amount of Section 31a Funds **SPENT**

2001-02 CARRYOVER FUNDS SPENT	2002-03 REGULAR FUNDS SPENT	GRAND TOTAL*
+	=	
INSTRUCTIONAL SERVICES	PUPIL SUPPORT SERVICES	TOTAL AMOUNT---SERVICES*
+	=	

● *TOTAL AMOUNT (Instructional and Pupil Support Services) should EQUAL Grand Total.

TOTAL UNDUPLICATED NUMBER OF AT-RISK PUPILS SERVED:

PART II. REPORT ON USAGE OF SECTION 31a FUNDS (Continued)

---DISTRICT COMPILED REPORT---

NAME OF SCHOOL DISTRICT OR PUBLIC SCHOOL ACADEMY	DISTRICT CODE
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**Amounts SPENT in 2002-03
--INSTRUCTIONAL SERVICES--**

PROGRAM OR SERVICE	GRADE SPAN	TOTAL NUMBER OF AT-RISK PUPILS SERVED	NUMBER SERVED WHO WERE ELIGIBLE FOR FREE OR REDUCED PRICE LUNCH	AMOUNT OF SECTION 31a FUNDS SPENT (Not General Funds)
Adult Education				
Alternative Education Programs				
Bilingual/ESL Instructional Programs				
Certified Teachers: Language Arts				
Math				
Science				
Social Studies				
Computer Assisted Instruction (technology)				
Extended Day				
Extended Year/Summer Programs				
Help One Student to Succeed (HOSTS)				
Higher Order Thinking Skills (HOTS)				
Kindergarten, Full Day/1st Grade Alt. Programs				
Operation Graduation/Dropout Prevention Programs				
Paraprofessionals				
Reading Recovery				
● Reduced Class Size (K-6 ONLY)				
Saturday Programs				
School-to-Work Programs				
Study Skills				
Teen Pregnancy Instructional Programs				
Test Taking Skills (MEAP, etc.)				
Tutoring Programs				
Volunteer Tutoring (excluding HOSTS and Extended Day Tutoring)				
Please identify other types of programs/services:				

INSTRUCTIONAL SERVICES TOTAL: \$

● Only pupils who meet Section 31a eligibility requirements **EXCEPT** when reporting reduced class size. When reporting Reduced Class Size, report total number of students in reduced size classes.

PART II. REPORT ON USAGE OF SECTION 31a FUNDS (Continued)

NAME OF SCHOOL DISTRICT OR PUBLIC SCHOOL ACADEMY	DISTRICT CODE
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**Amounts SPENT in 2002-03
--PUPIL SUPPORT SERVICES--**

PROGRAM OR SERVICE	GRADE SPAN	TOTAL NUMBER OF AT-RISK PUPILS SERVED	NUMBER SERVED WHO WERE ELIGIBLE FOR FREE OR REDUCED PRICE LUNCH	AMOUNT OF SECTION 31a FUNDS SPENT (Not General Funds)
Behavior Management and Training Programs				
Counseling Services				
Home/School Liaison Programs				
Mentoring Programs				
Nursing/Mental Health/Health Services				
Police Officer Awareness/Liaisons				
Social Work Services				
Student Management and Training Programs				
Teen Parenting Programs				
Transportation				
Please identify other types of programs/services :				
Allowable Breakfast Costs <i>(31a may be used for costs up to ten dollars (\$10) per pupil eligible for free breakfast, lunch or milk based on the October 2001 adjusted FREE breakfast, lunch or milk count)</i> Refer to http://mi.gov/mde , select keywords, select <i>QES - Allocations 2002-03</i> , and then select <i>Estimated At Risk, Section 31a Allocations</i> to obtain October 2001 count.	OCTOBER 2001 ADJUSTED FREE BREAKFAST, LUNCH OR MILK COUNT <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="font-size: 2em;">×</div> <div style="text-align: center;">\$</div> </div> <div style="text-align: right; font-size: 0.8em;">(UP TO \$10 PER PUPIL)</div>			
PUPIL SUPPORT SERVICES TOTAL:				\$

PART III. PROGRAM EVALUATIONS

Complete ONE evaluation page for EACH instructional and support service listed on pages 2 and 3 of this form.

NAME OF SCHOOL DISTRICT OR PUBLIC SCHOOL ACADEMY	DISTRICT CODE
PROGRAM OR SERVICE	

Target audience: (Must be at risk students only):

Allowable activity: (Please describe the activity that qualifies this program or service as an allowable expenditure of 31a funds)

Effects of program or service on student achievement: Evidence of positive effect, if any, on student achievement in core academic content areas.

Indicate the types of student achievement data collected for review: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Student achievement data reviewed (disaggregated for at-risk students) | <input type="checkbox"/> MEAP results (disaggregated for at-risk students) |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Suspensions/Expulsions |
| <input type="checkbox"/> Drop-out rates | <input type="checkbox"/> Behavior referrals |
| <input type="checkbox"/> Other (Describe) _____ | <input type="checkbox"/> Other classroom or district test data
<input type="checkbox"/> Report cards <input type="checkbox"/> Survey |

Indicate how the data are analyzed and reviewed: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Data collected over a period of time | <input type="checkbox"/> Pre/post test data used | <input type="checkbox"/> Data presented graphically |
|---|--|---|

Indicate staff members involved: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Paraprofessionals | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Support Services Staff | <input type="checkbox"/> Other (describe) _____ |

Other factors suggested by data that indicate program success: (Data supporting improvement in non-academic areas, such as attitude, self-esteem and parental involvement)

Program modification made as a result of the review: (Changes made based on collected data)